

MULTIPLE DEPEN CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0 / 563658

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5	1						
6		1					
7		1					
8		1					
9	1						
10		1					
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44	1						
45		1					
46		1					
47	1						
48		1					
49		1					
50	1						
TOTAL IND.			↓		↓		↓
TOTAL DEP.			↔		↔		↔
TOTAL CLAIMS							

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51	1						
52		1					
53		1					
54		1					
55		1					
56	1						
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96							
97							
98							
99							
100							
TOTAL IND.		16			↓		
TOTAL DEP.		44			↔		
TOTAL CLAIMS		60					